



## UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Junichi KARASAWA et al.

Serial No: 10/072,316

Filed: February 8, 2002

 For: SEMICONDUCTOR DEVICE HAVING A PROTRUDED  
 ACTIVE REGION, MEMORY SYSTEM HAVING THE  
 SAME, AND ELECTRONIC APPARATUS HAVING  
 THE SAME (AS AMENDED)

Art Unit: 2811

Examiner: Steven Ho Yin Loke

 I hereby certify that this correspondence is being  
 deposited with the United States Postal Service with  
 sufficient postage as first class mail in an envelope  
 addressed to: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450 on

May 15, 2003

Date of Deposit

Diane Zynn

Name

Signature

05/15/03

Date

 Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Certified English translations of Japanese Application Nos. 2001-88309 and 2001-330785 filed 03/26/2001 and 10/29/2001 from which priorities are claimed under 35 U.S.C. § 119 are enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	48	-	48 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 1, 18					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found on the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ Please charge the fee of **\$110** for the **one-month** extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

 Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By:

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Date: May 15, 2003

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